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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/765,545

Atty. Docket No.: ARC9-2000-0066-US2

Filing Date: 01/26/2004

Art Unit: 2829

Applicants: Baglin *et al.*

Examiner: Lisa A. Kilday

Title: ION BEAM DEFINITION OF MAGNETORESISTIVE FIELD SENSORS

CERTIFICATE OF MAILING

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Mail Stop Non-Fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the Office action mailed on July 13, 2004, kindly amend the above-identified application as follows.



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/765,545
	Filing Date	01/26/2004
	First Named Inventor	Baglin
	Art Unit	2829
	Examiner Name	Lisa A. Kilday
Total Number of Pages in This Submission	Attorney Docket Number	ARC9-2000-0066-US2

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Katharina Wang Schuster, Reg. No. 50,000
Signature	<i>Katharina Schuster</i>
Date	Sept. 1, 2004

CERTIFICATE OF TRANSMISSION/MAILING	
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Typed or printed name	Sylvia Lee
Signature	<i>Sylvia Lee</i>
Date	9/1/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.